

SECRET

43872

NOTIFICATION OF ESTABLISHMENT OR CANCELLATION OF OFFICIAL COVER BACKSTOP			DATE 14 February 74	FILE NO. RC-12034
TO: (Check)	CHIEF, CONTROL DIVISION, OP			SS NUMBER 181-01-6133
	CHIEF, CONTRACT PERSONNEL DIVISION, OP			EMPLOYEE NUMBER 059090
	X CHIEF, OPERATING COMPONENT (For action) OER			ID CARD NUMBER
ATTN: Chief/OER Support Staff			OFFICIAL COVER	ESTABLISHED
REF: Verbal Request				X
SUBJECT CHRIST, David L.			UNIT 32 Department of Army (JOG)	

KEEP ON TOP OF FILE WHILE COVER IN EFFECT

ESTABLISHMENT OF OFFICIAL COVER BLOCK RECORDS		CANCELLATION OF OFFICIAL COVER UNBLOCK RECORDS EFFECTIVE DATE: From EOD		
<input type="checkbox"/> BASIC COVER PROVIDED EFFECTIVE DATE _____		<input checked="" type="checkbox"/> SUBMIT FORM 3254 CT W-2 TO BE ISSUED. (HRB 20-11)		
<input type="checkbox"/> OPERATIONAL COVER PROVIDED FOR TDY OTHER (Specify) _____		<input checked="" type="checkbox"/> SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HRB 20-7)		
SUBMIT FORM 642 IMMEDIATELY TO CHANGE TELEPHONE LIMITATION CATEGORY TO CATEGORY _____ (HRB 20-7)		<input checked="" type="checkbox"/> EAA: CATEGORY I CATEGORY II		
SUBMIT FORM 3254 W-2 TO BE ISSUED. (HRB 20-11)		<input checked="" type="checkbox"/> RETURN ALL OFFICIAL DOCUMENTATION TO CCS		
SUBMIT FORM 1322 FOR ANY CHANGE AFFECTING THIS COVER. (HR 240-2e)		DO NOT WRITE IN THIS BLOCK		
SUBMIT FORM 1323 FOR TRANSFERRING COVER RESPONSIBILITY. (HR 240-2e)				
<input checked="" type="checkbox"/> EAA. CATEGORY I CATEGORY II				
SUBMIT FORM 2688 FOR HOSPITALIZATION CARD				
REMARKS AND/OR COVER HISTORY				
All will be acknowledged in the entire period of employ- ment and is not to reveal specific locations of cover assign- ments.				
Subject retired Nov 1970				

DISTRIBUTION:
 COPY 1 - CD OR CPD
 COPY 2 - OPERATING COMPONENT
 COPY 3 - OS/SR&CD
 COPY 4 - DC-DO/TFB
 COPY 5 - CCS-FILE
 JLN:km

James H. Franklin
CHIEF, OFFICIAL COVER BRANCH, COVER AND COMMERCIAL STAFF